

**32692**

Customer Number

Patent  
Case No.: 57630US004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

First Named Inventor: **SCHUKAR, GARY W.**

Application No.: **10/797758** Confirmation No.: **4235**

Filed: **March 9, 2004**

Title: **APPARATUS AND METHOD FOR CONVERTING A FUEL CELL MEMBRANE WEB TO PRECISELY POSITIONED MEMBRANE SHEETS**

**INFORMATION DISCLOSURE STATEMENT**

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]**

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
 transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.

Date \_\_\_\_\_

Signed by: \_\_\_\_\_

Dear Sir:

Pursuant to 37 CFR §§ 1.56, 1.97, and 1.98, enclosed is a completed Form PTO-1449, citing references submitted for consideration by the Examiner. It is respectfully requested that the Examiner initial and return the enclosed Form PTO-1449 to indicate that each reference has been considered.

Copies of any cited foreign patents, foreign publications, non-patent literature documents, and any pending U.S. applications filed before June 30, 2003, are enclosed. Copies of any pending U.S. applications filed after June 30, 2003 that can be accessed on the USPTO's IFW system are not enclosed as per USPTO Waiver dated September 21, 2004. Copies of any U.S. patents and published U.S. patent applications are not enclosed.

This Information Disclosure Statement is being mailed after receipt of a first Office Action on the merits, but prior to the mailing of a Notice of Allowance under 37 CFR § 1.311.

**Fees:**

- Please charge the fee provided in 37 CFR § 1.17(p) to Deposit Account No. 13-3723.

One copy of this sheet marked duplicate is also enclosed.

- Any required fee will be paid at the time of EFS-Web submission.

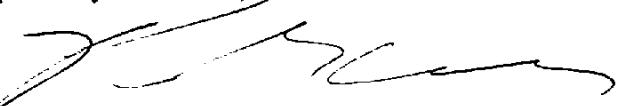
- It is believed that no fee is due; however, in the event a fee is required, please charge the fee to Deposit Account No. 13-3723.

Respectfully submitted,

2/15/07

Date

By:

  
Philip Y. Dahl, Reg. No.: 36,115  
Telephone No.: 651-737-4029

Office of Intellectual Property Counsel  
3M Innovative Properties Company  
Facsimile No.: 651-736-3833

|                                                      |  |                      |                  |
|------------------------------------------------------|--|----------------------|------------------|
| Substitute for form 1449A/PTO (modified)             |  | Application Number   | 10/797758        |
| <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> |  | Filing Date          | March 9, 2004    |
| (Use as many sheets as necessary)                    |  | First Named Inventor | Schukar, Gary W. |
| Page 1 of 1                                          |  | Confirmation Number  | 4235             |
|                                                      |  | Attorney Case Number | 57630US004       |

| U.S. Patent Documents |             |                                  |                                |                                                    |                                                                                 |
|-----------------------|-------------|----------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|
| Exam.<br>Init.*       | Cite<br>No. | Document Number                  | Publication Date<br>MM-DD-YYYY | Name of Patentee<br>or Applicant of Cited Document | Pages, Columns, Lines, Where<br>Relevant Passages or Relevant<br>Figures Appear |
|                       |             | Doc. Number-(Kind Code if Known) |                                |                                                    |                                                                                 |
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| Foreign Patent Documents |             |                         |                            |                                |                                                    |                                                                                 |
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|                          |             | Ctry. Code              | Number-KindCode (If known) |                                |                                                    |                                                                                 |
|                          | B1          |                         |                            |                                |                                                    |                                                                                 |
|                          | B2          |                         |                            |                                |                                                    |                                                                                 |
|                          | B3          |                         |                            |                                |                                                    |                                                                                 |
|                          | B4          |                         |                            |                                |                                                    |                                                                                 |
|                          | B5          |                         |                            |                                |                                                    |                                                                                 |
|                          | B6          |                         |                            |                                |                                                    |                                                                                 |
|                          | B7          |                         |                            |                                |                                                    |                                                                                 |

| OTHER DOCUMENTS |             |                                                                                                                                                                                                                                                                |  |  |                               |
|-----------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------|
| Exam.<br>Init.* | Cite<br>No. | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published |  |  | Translation<br>(Check if yes) |
|                 | C1          |                                                                                                                                                                                                                                                                |  |  |                               |
|                 | C2          |                                                                                                                                                                                                                                                                |  |  |                               |
|                 | C3          |                                                                                                                                                                                                                                                                |  |  |                               |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| *Examiner:                                                                                                                                                                                                                               | Date Considered: |
| EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. |                  |